



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period:

From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To: 

M	M
0	4

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	30005.00	454536.77
(b) Total Contribution Refunds (from Line 20(d)).....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	30005.00	454536.77
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	16524.02	330951.76
(b) Total Offsets to Operating Expenditures (from Line 14).....		5589.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16524.02	325362.09
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	174882.16	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>		

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Bill Shuster for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
2	8

Y	Y	Y	Y
2	0	1	0

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	19250.00	187838.99
(i) Itemized (use Schedule A).....	5305.00	11782.00
(ii) Unitemized.....	24555.00	199620.99
(iii) TOTAL of contributions from individuals..... ▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACS).....	5450.00	254915.78
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	30005.00	454536.77
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>		
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>		5589.67
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>		
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	30005.00	460126.44

**DETAILED SUMMARY PAGE**

of Disbursements

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	16524.02	330951.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of all Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS.....	12802.50	47593.21
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	29326.52	378544.97

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	174203.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	30005.00
25. SUBTOTAL (add Line 23 and Line 24).....	204208.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29326.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	174882.16

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert J Beiter, Jr

Mailing Address 898 Truax Rd

City State Zip Code  
Everett PA 15537

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Szanca Solutions Inc Director

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

**Transaction ID:** SA11Ai-CN7091  
 Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Harry K Benjamin

Mailing Address 3412 Crescent Rd

City State Zip Code  
Altoona PA 16602

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Edgemate Inc President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

**Transaction ID:** SA11Ai-CN7093  
 Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen D Bickley

Mailing Address 817 Penn Street

City State Zip Code  
Hollidaysburg PA 16648

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wells Fargo Financial Advisor

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

**Transaction ID:** SA11Ai-CN7116  
 Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
James G Boone

Mailing Address 169 Boone Lane

City State Zip Code  
Altoona PA 16601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lytles Transfer COO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** SA11Ai-CN7074

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher E Bossi

Mailing Address 3105 Granada Way

City State Zip Code  
Altoona PA 16601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INRange Systems Inc. President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 1 0

**Transaction ID:** SA11Ai-CN7056

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James P Burke

Mailing Address RR 4 Box 153

City State Zip Code  
Hollidaysburg PA 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 1 0

**Transaction ID:** SA11Ai-CN7088

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul J Calandra

Mailing Address PO Box 187

City State Zip Code  
Cresson PA 16630

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Jennmar Corp General Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0

**Transaction ID:** SA11Ai-CN7060

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Nancy P Campbell

Mailing Address 167 Mountain View Dr

City State Zip Code  
Hollidaysburg PA 16648

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Hoss's Steak & Sea Houses Founder/CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 1 0

**Transaction ID:** SA11Ai-CN7033

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Clifton Clark

Mailing Address 113 Condo Dr

City State Zip Code  
Bedford PA 15522

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Clark Contractors Inc. President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 1 0

**Transaction ID:** SA11Ai-CN7039

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 600.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
William R Collins, III

Mailing Address 250 Bristol Lane

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. C

Name of Employer Courtesy Motor Sales Occupation Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2010  
**Transaction ID:** SA11Ai-CN7061

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Donald A Degol

Mailing Address 100 Sylvan Woods

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. C

Name of Employer DeGol Organization Occupation Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 04 / 16 / 2010  
**Transaction ID:** SA11Ai-CN7122

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Polly Degol

Mailing Address 351 DeGol Drive

City Tyrone State PA Zip Code 16686

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 04 / 16 / 2010  
**Transaction ID:** SA11Ai-CN7092

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Debra J. Dellaposta

Mailing Address RR 2 Box 413

City Tyrone State PA Zip Code 16686

FEC ID number of contributing federal political committee. **C**

Name of Employer WPS Occupation Owner/Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 16 / 2010  
**Transaction ID: SA11Ai-CN7089**  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Gordon L Delozier

Mailing Address 814 Union St

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 15 / 2010  
**Transaction ID: SA11Ai-CN7081**  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Donald L Detwiler

Mailing Address 233 Stonehedge Rd

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer New Enterprise Stone and Lime Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 15 / 2010  
**Transaction ID: SA11Ai-CN7065**  
Amount of Each Receipt this Period: 4800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Donald L Detwiler

Mailing Address 233 Stonehedge Rd

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer: New Enterprise Stone and Lime Occupation: Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 04 / 15 / 2010  
**Transaction ID:** SA11Ai-CN7132  
 Amount of Each Receipt this Period: -2400.00  
 Reattributed to Lynnea Detwiler  
**[MEMO ITEM]**  
 Reattributed

**B.** Full Name (Last, First, Middle Initial)  
Lynnea K Detwiler

Mailing Address 233 Stonehedge Rd

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer: None Occupation: Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 04 / 15 / 2010  
**Transaction ID:** SA11Ai-CN7133  
 Amount of Each Receipt this Period: 2400.00  
 Reattributed from Donald Detwiler  
**[MEMO ITEM]**  
 Reattribution

**C.** Full Name (Last, First, Middle Initial)  
Donald Devorris

Mailing Address 304 Ward Ave E

City Altoona State PA Zip Code 16602

FEC ID number of contributing federal political committee. **C**

Name of Employer: Blair Companies Occupation: CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3600.00

Date of Receipt: 04 / 15 / 2010  
**Transaction ID:** SA11Ai-CN7070  
 Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward A Dobson		Date of Receipt
	Mailing Address 2808 Union Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 07 / 2010
	City	State	Zip Code
	Altoona	PA	16602
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN7048
Name of Employer Mountain Research LLC		Occupation Hydrogeologist	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Hampton H Durbin		Date of Receipt
	Mailing Address 3102 3rd St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 16 / 2010
	City	State	Zip Code
	Altoona	PA	16601
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN7103
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert J Eyer		Date of Receipt
	Mailing Address 129 Forest Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 16 / 2010
	City	State	Zip Code
	Portage	PA	15946
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN7099
Name of Employer Wessel & Company		Occupation CPA	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
James A Filson  
 Mailing Address 14293 Piney Ridge Road  
 City State Zip Code  
 Hesston PA 16647  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 7 / 2 0 1 0  
**Transaction ID:** SA11Ai-CN7053  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Seven Points Marina President & Manager  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Carol Forden  
 Mailing Address 417 Peters Way  
 City State Zip Code  
 Phoenixville PA 19460  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 1 0  
**Transaction ID:** SA11Ai-CN7123  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James P Foreman  
 Mailing Address 133 Lowry Drive  
 City State Zip Code  
 Duncansville PA 16635  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 5 / 2 0 1 0  
**Transaction ID:** SA11Ai-CN7078  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pro Care President  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**  
**TOTAL** This Period (last page this line number only) ..... ►





# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bernard A Joyce

Mailing Address 1615 Grant Ave

City State Zip Code  
Altoona PA 16602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Altoona Area School District Principal

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2010

**Transaction ID:** SA11Ai-CN7058

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Lee Karcher

Mailing Address 124 Stonehedge Rd

City State Zip Code  
Hollidaysburg PA 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Burt Hill Architect/Project Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2010

**Transaction ID:** SA11Ai-CN7037

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dennis M Kelly

Mailing Address 600 Cove Ln

City State Zip Code  
Roaring Spring PA 16673

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kelly Pre-Owned Car Salesman

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2010

**Transaction ID:** SA11Ai-CN7024

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Maurice D Lawruk  
 Mailing Address 874 Brookside Drive  
 City Altoona State PA Zip Code 16601  
 Date of Receipt 04 / 07 / 2010  
**Transaction ID:** SA11Ai-CN7029  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Lawruk Builders Inc Occupation Construction  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 250.00

**B.** Full Name (Last, First, Middle Initial)  
P Joseph Lehman, Jr.  
 Mailing Address 315 Quince Ct  
 City Hollidaysburg State PA Zip Code 16648  
 Date of Receipt 04 / 15 / 2010  
**Transaction ID:** SA11Ai-CN7073  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer P Joseph Lehman Inc Occupation President  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 1750.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Cathy Long  
 Mailing Address 110 Wellington Way  
 City Johnstown State PA Zip Code 15904  
 Date of Receipt 04 / 07 / 2010  
**Transaction ID:** SA11Ai-CN7047  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Shawn M Long

Mailing Address 110 Wellington Way

City State Zip Code  
Johnstown PA 15904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MedcomSoft CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2010

**Transaction ID:** SA11Ai-CN7046

Amount of Each Receipt this Period  
500.00

2000.00

**B.** Full Name (Last, First, Middle Initial)  
Robert M McGowan, Jr

Mailing Address 245 Tall Timber Dr

City State Zip Code  
Johnstown PA 15904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mission Critical Solutions Owner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2010

**Transaction ID:** SA11Ai-CN7090

Amount of Each Receipt this Period  
250.00

1750.00

**C.** Full Name (Last, First, Middle Initial)  
Michael W McLanahan

Mailing Address 1111 Pine St

City State Zip Code  
Hollidaysburg PA 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McLanahan Corporation Businessman

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2010

**Transaction ID:** SA11Ai-CN7032

Amount of Each Receipt this Period  
200.00

1200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 45  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sean K McLanahan

Mailing Address 215 Milton Ave

City Altoona State PA Zip Code 16602

FEC ID number of contributing federal political committee. **C**

Name of Employer McLanahan Corporation Occupation Management

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 04 / 15 / 2010  
**Transaction ID:** SA11Ai-CN7080  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Is LLC

Mailing Address 3532 Sylvan Heights Drive

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 04 / 16 / 2010  
**Transaction ID:** SA11Ai-CN7110  
 Amount of Each Receipt this Period: 250.00  
 100% from Dana Sky

**C.** Full Name (Last, First, Middle Initial)  
Dana Sky

Mailing Address 3532 Sylvan Heights Drive

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Is LLC Occupation Partner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 04 / 16 / 2010  
**Transaction ID:** SA11Ai-CN7111  
 Amount of Each Receipt this Period: 250.00  
 Partnership contribution-  
 Dr. Is LLC  
**[MEMO ITEM]**  
 \$250.00 MEMO Partnership  
 Attributed

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Randal P Patterson		Date of Receipt
	Mailing Address 140 Allison Way		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hollidaysburg	PA	16648
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Oral and Maxillofacial Surgery		Occupation Oral Surgeon	<b>Transaction ID:</b> SA11Ai-CN7083
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen E Pfeffer		Date of Receipt
	Mailing Address 160 Stonehedge Rd		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hollidaysburg	PA	16648
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Attorney	<b>Transaction ID:</b> SA11Ai-CN7086
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1750.00"/>	<input type="text" value="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia L Raugh		Date of Receipt
	Mailing Address 715 Lexington Ave		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Altoona	PA	16601
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer State Farm Insurance		Occupation Insurance Agent	<b>Transaction ID:</b> SA11Ai-CN7107
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 20 / 45
	(check only one)	
	<input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Debra P Rea		Date of Receipt
	Mailing Address 119 Stonehedge Rd		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hollidaysburg	PA	16648
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation Homemaker	<b>Transaction ID:</b> SA11Ai-CN7049
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd N Roadman		Date of Receipt
	Mailing Address 121 Diehl Field Rd		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bedford	PA	15522
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Reed Wertz and Roadman		Occupation Insurance & Financial Planning	<b>Transaction ID:</b> SA11Ai-CN7085
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="700.00"/>	<input type="text" value="200.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia Serotkin		Date of Receipt
	Mailing Address 1072 Center St N		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Ebensburg	PA	15931
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer St Francis University		Occupation VP - Strategic Initiatives	<b>Transaction ID:</b> SA11Ai-CN7095
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="950.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Harry K Sickler, Jr.  
Mailing Address PO Box 12  
City Tyrone State PA Zip Code 16686  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Harry K. Sickler Associates Occupation CPA  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **400.00**  
Date of Receipt 04 / 16 / 2010  
Transaction ID: SA11Ai-CN7106  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Dan Speck  
Mailing Address 593 Frederick Road  
City Roaring Spring State PA Zip Code 16673  
FEC ID number of contributing federal political committee. **C**  
Name of Employer T.D.S. Foods Occupation Sales  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **500.00**  
Date of Receipt 04 / 15 / 2010  
Transaction ID: SA11Ai-CN7076  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mark W Szanca  
Mailing Address 123 Camelot Blvd  
City Falling Waters State WV Zip Code 25419  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Szanca Solutions Inc Occupation President/CEO  
Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) **2000.00**  
Date of Receipt 04 / 16 / 2010  
Transaction ID: SA11Ai-CN7096  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... **1200.00**  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bruce J Thaler, DMD

Mailing Address 132 Twin Oaks Ln

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer Blair Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt 04 / 16 / 2010  
**Transaction ID:** SA11Ai-CN7109  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Johnny E Tressler

Mailing Address 821 Oden St  
PO Box 99

City Confluence State PA Zip Code 15424

FEC ID number of contributing federal political committee. **C**

Name of Employer Luther P Miller Inc Occupation Executive

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2010  
**Transaction ID:** SA11Ai-CN7026  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
William T Ward

Mailing Address 3521 Sylvan Heights Dr

City Hollidaysburg State PA Zip Code 16648

FEC ID number of contributing federal political committee. **C**

Name of Employer Ward Transport & Logistics Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2010  
**Transaction ID:** SA11Ai-CN7098  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial) Roger P Winn		Date of Receipt
Mailing Address 401 Richards St S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Bedford PA 15522		<input type="text"/> 0 4 / <input type="text"/> 1 6 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11Ai-CN7094
Name of Employer UPMC-Bedford/Home Nursing Agency		Amount of Each Receipt this Period
Occupation Hospital President/Marketing Director		<input type="text"/> 250.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text"/> 750.00	

**B.**

Full Name (Last, First, Middle Initial) Robert B Zeigler		Date of Receipt
Mailing Address 13153 Dunnings Hwy		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Claysburg PA 16625		<input type="text"/> 0 4 / <input type="text"/> 1 5 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11Ai-CN7082
Name of Employer Zeigler Chevrolet		Amount of Each Receipt this Period
Occupation Auto Retail		<input type="text"/> 250.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text"/> 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 19250.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Friends of Senator Jubelirer

Mailing Address PO Box 2051

City State Zip Code  
Altoona PA 16603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	0

Transaction ID: SA11C-CN7066

Amount of Each Receipt this Period  
200.00

200.00

**B.** Full Name (Last, First, Middle Initial)  
Build

Mailing Address 1201 15th St NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	0

Transaction ID: SA11C-CN7027

Amount of Each Receipt this Period  
2000.00

2000.00

**C.** Full Name (Last, First, Middle Initial)  
National Funeral Directors Association

Mailing Address 13625 Bishop's Dr

City State Zip Code  
Brookfield WI 53005

FEC ID number of contributing federal political committee. **C** C00204008

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	1	0

Transaction ID: SA11C-CN7108

Amount of Each Receipt this Period  
1000.00

2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3200.00**

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Nisource Inc.  
Mailing Address 200 Civic Center Dr  
City Columbus State OH Zip Code 43215  
FEC ID number of contributing federal political committee. **C** C00051979  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00  
Date of Receipt 04 / 23 / 2010  
Transaction ID: SA11C-CN7127  
Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
S&T Bank  
Mailing Address PO Box 190  
800 Philadelphia Street  
City Indiana State PA Zip Code 15701  
FEC ID number of contributing federal political committee. **C** C00263483  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00  
Date of Receipt 04 / 16 / 2010  
Transaction ID: SA11C-CN7087  
Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5450.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) William Shuster  Mailing Address 455 Overlook Drive  City Hollidaysburg State PA Zip Code 16648  Purpose of Disbursement Meals Candidate Name William Shuster Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6767 Date of Disbursement 04 / 26 / 2010  Amount of Each Disbursement this Period 15.37  Meals
<b>B.</b>	Full Name (Last, First, Middle Initial) Copy Rite & Banner Zone  Mailing Address 301 Allegheny Street  City Hollidaysburg State PA Zip Code 16648  Purpose of Disbursement Copies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6765 Date of Disbursement 04 / 26 / 2010  Amount of Each Disbursement this Period 15.90  Copies
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 15026  City Albany State NY Zip Code 12212  Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6759 Date of Disbursement 04 / 01 / 2010  Amount of Each Disbursement this Period 207.72  Telephone

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	238.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) PA UC Fund</p> <p>Mailing Address PO Box 68568</p> <p>City Harrisburg State PA Zip Code 17106</p> <p>Purpose of Disbursement 1st Quarter 2010 UC tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6747</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 12.50</p> <p>001 Category/ Type</p> <p>1st Quarter 2010 UC tax</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Roger Osbaugh</p> <p>Mailing Address 1153 Leisure Drive</p> <p>City Chambersburg State PA Zip Code 17202</p> <p>Purpose of Disbursement Mileage and expenses reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6769</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 276.53</p> <p>001 Category/ Type</p> <p>Mileage and expenses reim- bursement</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 25505</p> <p>City Lehigh Valley State PA Zip Code 18002</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6763</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 741.54</p> <p>001 Category/ Type</p> <p>Telephone</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1030.57

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Jim Frank <hr/> Mailing Address 1628 St. Francis Lane <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6768 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 267.25 <hr/> Mileage reimbursement
<b>B.</b>	Full Name (Last, First, Middle Initial) S&T Bank <hr/> Mailing Address 1100 Logan Blvd <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6742 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 30.00 <hr/> Bank Service Charge
<b>C.</b>	Full Name (Last, First, Middle Initial) S&T Bank <hr/> Mailing Address 1100 Logan Blvd <hr/> City Altoona State PA Zip Code 16602 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6804 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 32.00 <hr/> Bank Service Charge

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	329.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) e2c consulting Inc.  Mailing Address PO Box 29576  City Washington State DC Zip Code 20017  Purpose of Disbursement Fundraising Consulting Fee - May 10 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6755 Date of Disbursement 04 / 26 / 2010  Amount of Each Disbursement this Period 4000.00  Fundraising Consulting Fee - May 10
B.	Full Name (Last, First, Middle Initial) Brent Gates  Mailing Address 310 Penn Street Suite 200  City Hollidaysburg State PA Zip Code 16648  Purpose of Disbursement Various campaign meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6744 Date of Disbursement 04 / 16 / 2010  Amount of Each Disbursement this Period 169.30  Various campaign meals
C.	Full Name (Last, First, Middle Initial) Canan Station Print Shoppe  Mailing Address PO Box 632  City Altoona State PA Zip Code 16603  Purpose of Disbursement Invitations RSVPS and Envelopes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6764 Date of Disbursement 04 / 26 / 2010  Amount of Each Disbursement this Period 469.58  Invitations RSVPS and Envelopes

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**4638.88**

**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Jennifer Mearkle

Mailing Address 3022 Broad Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement  
Mileage reimbursement  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX6766  
Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

32.00

Mileage reimbursement

B.

Full Name (Last, First, Middle Initial)  
S&T Bank - Payroll

Mailing Address 1100 Logan Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
EFTPS - March 2010  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX6741  
Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

31.61

EFTPS - March 2010

C.

Full Name (Last, First, Middle Initial)  
AT&T Mobility

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Telephone  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17-EX6762  
Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

135.39

Telephone

SUBTOTAL of Disbursements This Page (optional) .....

199.00

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
American Express

Transaction ID: SB17-EX6803  
Date of Disbursement

Mailing Address PO Box 1270

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	0

City Newark State NJ Zip Code 07101

Amount of Each Disbursement this Period

8687.26
---------

Purpose of Disbursement  
Credit Card Paid by American Express

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Credit Card Paid by American Express

State: District:

B.

Full Name (Last, First, Middle Initial)  
The Capital Grille

Transaction ID: SB17-EX6774  
Date of Disbursement

Mailing Address 601 Pennsylvania Avenue NW

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

160.00
--------

Purpose of Disbursement  
Meals

002
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]  
Meals

State: District:

C.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Transaction ID: SB17-EX6772  
Date of Disbursement

Mailing Address 300 First Street SE

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	0

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

1001.39
---------

Purpose of Disbursement  
Meals

002
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

[MEMO ITEM]  
Various meals

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

8687.26
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Pour House</p> <p>Mailing Address 319 Pennsylvania Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6775 <b>Date of Disbursement:</b> 03 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b> Meals</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 525 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6796 <b>Date of Disbursement:</b> 03 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 440.00</p> <p><b>[MEMO ITEM]</b> Postage</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Cafe Berlin</p> <p>Mailing Address 322 Massachusetts Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6776 <b>Date of Disbursement:</b> 03 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 51.00</p> <p><b>[MEMO ITEM]</b> Meals</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paolo's Restaurant</p> <p>Mailing Address 1303 Wisconsin Avenue NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX6777</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="95.00"/></p> <p><b>[MEMO ITEM]</b> Meals</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Freedompay Inc</p> <p>Mailing Address 17 Campus Blvd Suite 100</p> <p>City Newtown Square State PA Zip Code 19073</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX6778</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="79.95"/></p> <p><b>[MEMO ITEM]</b> Meals</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hard Rock Cafe</p> <p>Mailing Address 610 10th Street NW Suite 200</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX6800</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.35"/></p> <p><b>[MEMO ITEM]</b> Meals</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address 400 N Capitol Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Train

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6779  
Date of Disbursement

03 / 26 / 2010

Amount of Each Disbursement this Period

46.00

**[MEMO ITEM]**

Transportation to fundraiser

**B.**

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address 400 N Capitol Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Train

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6780  
Date of Disbursement

03 / 26 / 2010

Amount of Each Disbursement this Period

143.00

**[MEMO ITEM]**

Transportation to fundraiser

**C.**

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address 400 N Capitol Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Train

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6781  
Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

46.00

**[MEMO ITEM]**

Transportation to fundraiser

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Rittenhouse Hotel		Transaction ID: SB17-EX6782	
	Mailing Address 210 W. Rittenhouse Square		Date of Disbursement 03 / 29 / 2010	
	City Philadelphia	State PA	Zip Code 19103	Amount of Each Disbursement this Period 158.00
	Purpose of Disbursement Lodging		Category/Type 002	[MEMO ITEM] Lodging
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

B.	Full Name (Last, First, Middle Initial) Verifone Transportation Systems		Transaction ID: SB17-EX6785	
	Mailing Address 700 Packer Avenue		Date of Disbursement 03 / 30 / 2010	
	City Philadelphia	State PA	Zip Code 19148	Amount of Each Disbursement this Period 7.69
	Purpose of Disbursement Taxi/Car/Bus Expense		Category/Type 002	[MEMO ITEM] Taxi
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

C.	Full Name (Last, First, Middle Initial) Rittenhouse Hotel		Transaction ID: SB17-EX6783	
	Mailing Address 210 W. Rittenhouse Square		Date of Disbursement 03 / 31 / 2010	
	City Philadelphia	State PA	Zip Code 19103	Amount of Each Disbursement this Period 232.55
	Purpose of Disbursement Lodging		Category/Type 002	[MEMO ITEM] Lodging
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Rittenhouse Hotel

Mailing Address 210 W. Rittenhouse Square

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6784  
Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

229.25

[MEMO ITEM]  
Lodging

B.

Full Name (Last, First, Middle Initial)  
Sylvester Management Corp

Mailing Address PO Box 986

City Irmo State SC Zip Code 29063

Purpose of Disbursement  
Office Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6773  
Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

499.00

[MEMO ITEM]  
FEC Conference

C.

Full Name (Last, First, Middle Initial)  
Pine Grill Inc

Mailing Address 800 N Center Avenue

City Somerset State PA Zip Code 15501

Purpose of Disbursement  
Meals

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6795  
Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

45.75

[MEMO ITEM]  
Meals

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Vehicle Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6786</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 38.80</p> <p><b>[MEMO ITEM]</b> Gasoline</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nemacolin Woodlands Resort &amp; Spa</p> <p>Mailing Address 1001 LaFayette Drive</p> <p>City Farmington State PA Zip Code 15437</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6789</p> <p>Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 270.00</p> <p><b>[MEMO ITEM]</b> Lodging</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 5620 University Pkwy</p> <p>City Winston Salem State NC Zip Code 27105</p> <p>Purpose of Disbursement Airplane</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6790</p> <p>Date of Disbursement 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 46.00</p> <p><b>[MEMO ITEM]</b> Airline fees</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 5620 University Pkwy <hr/> City Winston Salem State NC Zip Code 27105 <hr/> Purpose of Disbursement Airplane Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6791 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 8.00 <hr/> <b>[MEMO ITEM]</b> Airline Fees
<b>B.</b>	Full Name (Last, First, Middle Initial) Longboat Key Club <hr/> Mailing Address 301 Gulf Of Mexico Drive <hr/> City Longboat Key State FL Zip Code 34228 <hr/> Purpose of Disbursement Lodging Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6794 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 598.00 <hr/> <b>[MEMO ITEM]</b> Lodging
<b>C.</b>	Full Name (Last, First, Middle Initial) US Postal Service <hr/> Mailing Address 525 Allegheny Street <hr/> City Hollidaysburg State PA Zip Code 16648 <hr/> Purpose of Disbursement Postage Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6797 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 88.00 <hr/> <b>[MEMO ITEM]</b> Postage

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Staples-291 Altoona	Transaction ID: SB17-EX6798 Date of Disbursement 04 / 08 / 2010
	Mailing Address Plank Road/Orchard Plaza	Amount of Each Disbursement this Period 18.63
	City Altoona State PA Zip Code 16602	
	Purpose of Disbursement Office Expenses Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Office Supplies

B.	Full Name (Last, First, Middle Initial) Venetian/Palazzo	Transaction ID: SB17-EX6801 Date of Disbursement 04 / 10 / 2010
	Mailing Address 3355 Las Vegas Blvd S	Amount of Each Disbursement this Period 569.53
	City Las Vegas State NV Zip Code 89109	
	Purpose of Disbursement Lodging Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Lodging

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17-EX6792 Date of Disbursement 04 / 10 / 2010
	Mailing Address 5620 University Pkwy	Amount of Each Disbursement this Period 46.00
	City Winston Salem State NC Zip Code 27105	
	Purpose of Disbursement Airplane Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Airline Fees

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 5620 University Pkwy

City Winston Salem State NC Zip Code 27105

Purpose of Disbursement  
Airplane

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6793  
Date of Disbursement

04 / 11 / 2010

Amount of Each Disbursement this Period

6.00

[MEMO ITEM]  
Airline Fees

B.

Full Name (Last, First, Middle Initial)  
Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
Vehicle Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6787  
Date of Disbursement

04 / 11 / 2010

Amount of Each Disbursement this Period

26.15

[MEMO ITEM]  
Gasoline

C.

Full Name (Last, First, Middle Initial)  
Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement  
Vehicle Expenses

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6788  
Date of Disbursement

04 / 11 / 2010

Amount of Each Disbursement this Period

51.60

[MEMO ITEM]  
Gasoline

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Bittersweet Catering

Mailing Address 103 North Alfred Street

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Fundraising

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6802  
Date of Disbursement

04 / 12 / 2010

Amount of Each Disbursement this Period

374.81

[MEMO ITEM]  
Catering for Fundraiser

B.

Full Name (Last, First, Middle Initial)  
The Blairmont Club

Mailing Address 145 Larch Street

City State Zip Code  
Hollidaysburg PA 16648

Purpose of Disbursement  
Fundraising

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6799  
Date of Disbursement

04 / 12 / 2010

Amount of Each Disbursement this Period

3230.81

[MEMO ITEM]  
Fundraiser catering

C.

Full Name (Last, First, Middle Initial)  
C. Arnold McClure

Mailing Address 16381 Pump Station Road

City State Zip Code  
Shirleysburg PA 17260

Purpose of Disbursement  
Books

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6752  
Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

507.58

Books

SUBTOTAL of Disbursements This Page (optional) ▶

507.58

TOTAL This Period (last page this line number only) ▶

16327.78

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Mifflin Co Republican Committee	<b>Transaction ID:</b> SB21-EX6758 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0	
	Mailing Address Nelson E. Rieffannacht 448 West Fourth Street		Amount of Each Disbursement this Period 100.00
	City Lewistown State PA Zip Code 17044		
	Purpose of Disbursement Spring Banquet Tickets Candidate Name	012 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Spring Banquet Tickets
<b>B.</b>	Full Name (Last, First, Middle Initial) Cumberland Co Republican Comm	<b>Transaction ID:</b> SB21-EX6751 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0	
	Mailing Address PO Box 1155		Amount of Each Disbursement this Period 300.00
	City Carlisle State PA Zip Code 17013		
	Purpose of Disbursement Spring Stampede tickets Candidate Name	012 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Spring Stampede tickets
<b>C.</b>	Full Name (Last, First, Middle Initial) Penn State Altoona	<b>Transaction ID:</b> SB21-EX6743 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0	
	Mailing Address 3000 Ivyside Park		Amount of Each Disbursement this Period 312.50
	City Altoona State PA Zip Code 16601		
	Purpose of Disbursement Huckabee event Candidate Name	012 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Huckabee event

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	712.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 44 / 45

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Penn's Woods Council BSA  Mailing Address 201 W. High Street - Suite 1  City Ebensburg State PA Zip Code 15931  Purpose of Disbursement Lansberry Memorial Dinner ticket Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21-EX6757 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period  90.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Senate Republican Campaign Committee  Mailing Address PO Box 792  City Harrisburg State PA Zip Code 17108  Purpose of Disbursement Contribution to PA State Committee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21-EX6745 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period  10000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Djou For Hawaii  Mailing Address PO Box 235280  City Honolulu State HI Zip Code 96823  Purpose of Disbursement Candidate Name Charles Djou  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District: 01	<b>Transaction ID:</b> SB21-EX6746 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period  1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11090.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 45

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Boozman For Arkansas

Mailing Address PO Box 29576

City Washington State DC Zip Code 20017

Purpose of Disbursement  
Primary 2010 contribution

Candidate Name  
John Boozman

Office Sought:  House  
 Senate  
 President

State: AR District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB21-EX6754  
Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

Primary 2010 contribution

SUBTOTAL of Disbursements This Page (optional) ..... ►

1000.00

TOTAL This Period (last page this line number only) ..... ►

12802.50